

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90373 009 \*\*\*150.00

**DOCUMENT #** P000000021992  
**1. Entity Name**  
 International American Academy of  
 Aesthetic Medicine, INC

**Principal Place of Business** 10305 NW 4 ST #120  
 Miami FL 33178  
**Mailing Address** 10305 NW 4 ST #120  
 Miami FL 33178

A0056693

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-005205  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Perez-Gonzalez, Isidro  
 3090 NW 99 PL  
 Miami FL 33172

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

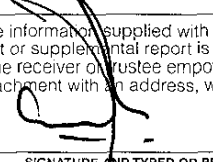
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perez-Gonzalez, Isidro 3090 NW 99 PL Miami FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **PRETENDI** 04/15/2001 305-4688837  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)